

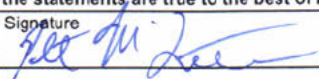
Armour Globe

FORM NLRB-502 (RC)  
(2-18)

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>32-RC-251034</b>	Date Filed <b>11/01/2019</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov/](http://www.nlr.gov/), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

<b>1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE</b> - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. <b>The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.</b>			
<b>2a. Name of Employer:</b> MV Transportation		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 13400 Hanford Armona Rd. Hanford, CA 93230	
<b>3a. Employer Representative - Name and Title:</b> Denise Wright Pinuelas		<b>3b. Address (if same as 2b - state same):</b>	
<b>3c. Tel. No.</b> 559-685-2359	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> denise.pinuelas@mvtransit.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Transportation Contractor		<b>4b. Principal Product or Service</b> Transportation	
<b>5a. City and State where unit is located:</b> Hanford, CA		<b>5b. Description of Unit Involved:</b> Included: All mechanics, at Division 254 Excluded: Supervisors, managers, and guards as defined by the Act.	
<b>6a. Number of Employees in Unit:</b> 2		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Check One:</b> <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <u>by this petition</u> and Employer declined recognition on or about (Date) (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state)</b> N/A		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	
<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>			
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> <u>No</u> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
<b>10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)</b> None.			
<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election:			
<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
<b>11b. Election Date(s):</b>		<b>11c. Election Time(s):</b>	
<b>11d. Election Location(s):</b> Company facility			
<b>12a. Full Name of Petitioner (including local name and number):</b> Teamsters Local 517		<b>12b. Address (street and number, city, State and ZIP code):</b> 512 W. Oak Ave., Visalia, CA 93291	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> International Brotherhood of Teamsters			
<b>12d. Tel. No.</b> 559-627-9993	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> 559-627-9039	<b>12g. E-Mail Address</b>
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Peter McEntee, Attorney		<b>13b. Address (street and number, city, State and ZIP code):</b> 520 Capitol Mall, Suite 300 Sacramento, CA 95814	
<b>13c. Tel. No.</b> 916-325-2100	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 916-325-2120	<b>13f. E-Mail Address</b> cc: cbelcher@beesontayer.com pmcentee@beesontayer.com
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Peter McEntee	<b>Signature</b> 	<b>Title</b> Attorney	<b>Date</b> 11/01/19

**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**  
**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

**DO NOT WRITE IN THIS SPACE**

Case No.

32-RC-251299

Date Filed

11/06/2019

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION:** RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer</b> Chevron		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) 841 Chevron way Cafeteria building room 335 CA Richmond 94801-	
<b>3a. Employer Representative - Name and Title</b> Hanna Leger		<b>3b. Address</b> (If same as 2b - state same) 841 Chevron way Cafeteria building room 335 CA Richmond 94801-	
<b>3c. Tel. No.</b> (510) 242-2494	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> HannaLeger@chevron.com
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Oil & Gas Operations		<b>4b. Principal product or service</b> Gasoline	
		<b>5a. City and State where unit is located:</b> Richmond, CA	

<b>5b. Description of Unit Involved</b>		<b>6a. No. of Employees in Unit:</b> 20
<b>Included:</b> See Attached Page 2 for additional details		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>Excluded:</b> See Attached Page 2 for additional details		

**Check One:** ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 10/08/2019 and Employer declined recognition on or about 10/28/2019 (Date) (If no reply received, so state). Yes  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent</b> (If none, so state). United steel workers Junior Ortiz		<b>8b. Address</b>	
<b>8c. Tel No.</b> (925) 435-8686	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b> mortiz@usw.org
<b>8g. Affiliation, if any</b> None		<b>8i. Date of Recognition or Certification</b>	
		<b>8j. Expiration Date of Current or Most Recent Contract, if any</b> (Month, Day, Year)	

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above.** (If none, so state)

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

<b>11b. Election Date(s):</b> 11/4/19	<b>11c. Election Time(s):</b> Afternoon and evening	<b>11d. Election Location(s):</b> Richmond
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<b>12a. Full Name of Petitioner (including local name and number)</b> Jeffrey Tandaguen Richmond Chevron Professional Firefighters Local I-95	<b>12b. Address (street and number, city, state, and ZIP code)</b> 410 Poplar ave CA Vallejo 94592-
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**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent** (if none, so state)  
International Association of Fire Fighters

<b>12d. Tel No.</b> (408) 234-8195	<b>12e. Cell No.</b> (408) 234-8195	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> Jtandaguen@gmail.com
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> Tashayla D Billington Associate MASTAGNI HOLSTEDT		<b>13b. Address (street and number, city, state, and ZIP code)</b> 1912 I st CA Sacramento 95811-	
<b>13c. Tel No.</b> (916) 446-4692	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> (916) 447-4614	<b>13f. E-Mail Address</b> billington@mastagni.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

<b>Name (Print)</b> Jeffrey Tandaguen	<b>Signature</b> Jeffery Tandaguen	<b>Title</b> Firefighter	<b>Date</b> 11/2/2019 10:24:17
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

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Attachment

DO NOT WRITE IN THIS SPACE	
Case 32-RC-251299	Date Filed 11/06/2019

Employees Included  
Firefighters, Lieutenants , and Captains exclusive

Employees Excluded  
Unsure.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>32-RC-251444</b>	Date Filed <b>11/08/2019</b>

**INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.**

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

<b>2a. Name of Employer</b> Deutsche Telekom AG dba T-Mobile		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 2708 Pinole Valley Road, Pinole, CA 94564	
<b>3a. Employer Representative - Name and Title</b> Janet Loduca, District Manager		<b>3b. Address (If same as 2b - state same)</b>	
<b>3c. Tel. No.</b> 925-470-0546	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> Janet.Loduca@t-mobile.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Telecommunications Provider		<b>4b. Principal product or service</b> Communications	<b>5a. City and State where unit is located:</b> Pinole, CA
<b>5b. Description of Unit Involved</b> <b>Included:</b> All mobile and associate experts, excluding all other employees, employed at the Pinole facility.  <b>Excluded:</b> All other employees, guards and supervisors.			<b>5a. No. of Employees in Unit:</b> 9  <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

**Check One:** ☒ **7a. Request for recognition as Bargaining Representative was made on (Date) By Petition and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).**  
☐ **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state).</b> none		<b>8b. Address</b>	
<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** no If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_ has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**  
none

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election. **11a. Election Type:** ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):** Wednesday, November 20, 2019 **11c. Election Time(s):** 6-8 am **11d. Election Location(s):** Break room at 2708 Pinole Valle Road, Pinole

**12a. Full Name of Petitioner (including local name and number)**  
Communication Workers of America AFL-CIO **12b. Address (street and number, city, state, and ZIP code)**  
2804 Gateway Oaks Drive, Suite 150, Sacramento CA 95833

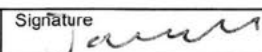
**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
Communication Workers of America AFL-CIO

<b>12d. Tel No.</b> 510-325-2170	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> ydiamond@cwa-union.org
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> David A. Rosenfeld, Attorney		<b>13b. Address (street and number, city, state, and ZIP code)</b> Weinberg, Roger & Rosenfeld 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501	
<b>13c. Tel No.</b> 510-337-1001	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 510-337-1023	<b>13f. E-Mail Address</b> drosenfeld@unioncounsel.net nlrbnotices@unioncounsel.net

**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**

<b>Name (Print)</b> David A. Rosenfeld	<b>Signature</b> 	<b>Title</b> Attorney	<b>Date</b> November 8, 2019
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

(b) (6), (b) (7)(C)

Armour Globe

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>32-RC-251545</b>	Date Filed <b>11/12/2019</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov/](http://www.nlr.gov/), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer:</b> MV Transportation	<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 13400 Hanford Armona Rd., Hanford, CA 93230
<b>3a. Employer Representative - Name and Title:</b> Denise Wright Pinuelas	<b>3b. Address (if same as 2b - state same):</b>

<b>3c. Tel. No.</b> 559-685-2359	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> denise.pinuelas@mvtransit.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Transportation Contractor		<b>4b. Principal Product or Service</b> Transportation	<b>5a. City and State where unit is located:</b> Hanford, CA
<b>5b. Description of Unit involved:</b> <b>Included:</b> All mechanics, including Auto Technician C and Utility Worker <b>Excluded:</b> Supervisors, managers, Maintenance Manager, and guards as defined by the Act.			<b>6a. Number of Employees in Unit:</b> 2
<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) by this petition and Employer declined recognition on or about (Date) (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state)</b> None	<b>8b. Address:</b>
<b>8c. Tel. No.</b> 559-627-9993	<b>8d. Cell No.</b>
<b>8e. Fax No.</b> 559-627-9039	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>	<b>8h. Date of Recognition or Certification</b>
<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>	

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of Labor Organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)  
None

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

**11. Election Details:** If the NLRB conducts and election in this matter, state your position with respect to any such election: ☐ Manual ☐ Mail ☐ Mixed Manual/Mail

<b>11b. Election Date(s):</b>	<b>11c. Election Time(s):</b> 1:30 - 2:30	<b>11d. Election Location(s):</b> Maintenance Manager Office
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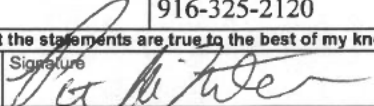
<b>12a. Full Name of Petitioner (including local name and number):</b> Teamsters Local 517	<b>12b. Address (street and number, city, State and ZIP code):</b> 512 W. Oak Ave., Visalia, CA 93291
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**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):**  
International Brotherhood of Teamsters

<b>12d. Tel. No.</b> 559-627-9993	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> 559-627-9039	<b>12g. E-Mail Address</b>
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<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Peter McEntee, Attorney		<b>13b. Address (street and number, city, State and ZIP code):</b> 520 Capitol Mall, Suite 300 Sacramento, CA 95814	
<b>13c. Tel. No.</b> 916-325-2100	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 916-325-2120	<b>13f. E-Mail Address</b> pmcentee@beesontayer.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

<b>Name (Print)</b> Peter McEntee	<b>Signature</b> 	<b>Title</b> Attorney	<b>Date</b> 11/12/19
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**  
**PRIVACY ACT STATEMENT**

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UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

32-RC-251739

Date Filed

11-14-2019

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

**2a. Name of Employer**  
Land O'Lakes

**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**  
400 South M Street, Tulare, CA 93274

**3a. Employer Representative - Name and Title**  
Neha Shah, Plant Manager

**3b. Address (If same as 2b - state same)**  
Same

**3c. Tel. No.**  
(559) 687-6590

**3d. Cell No.**

**3e. Fax No.**

**3f. E-Mail Address**  
NHShah@landolakes.com

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)**  
Dairy

**4b. Principal product or service**  
Milk products

**5a. City and State where unit is located:**  
Tulare, California

**5b. Description of Unit Involved**

**Included:** All quality control employees

**Excluded:** All other employees, all represented employees, and guards and supervisors

**6a. No. of Employees in Unit:**  
6

**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?** Yes ☒ No ☐

**Check One:** ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 11/14/2019 and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state). **by this Petition**

☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

**8a. Name of Recognized or Certified Bargaining Agent (If none, so state).**  
None

**8b. Address**

**8c. Tel No.**

**8d. Cell No.**

**8e. Fax No.**

**8f. E-Mail Address**

**8g. Affiliation, if any**

**8h. Date of Recognition or Certification**

**8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**  
None

**10a. Name**

**10b. Address**

**10c. Tel. No.**

**10d. Cell No.**

**10e. Fax No.**

**10f. E-Mail Address**

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

**11a. Election Type:** ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):**  
November 25, 2019

**11c. Election Time(s):**  
6:00 a.m. - 9:00 a.m.

**11d. Election Location(s):**  
Boardroom at 500 South M Street, Tulare, CA 93274

**12a. Full Name of Petitioner (including local name and number)**  
Teamsters Local 517

**12b. Address (street and number, city, state, and ZIP code)**  
512 West Oak Avenue, Visalia, CA 93291

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
International Brotherhood of Teamsters

**12d. Tel No.**  
(559) 627-9993

**12e. Cell No.**

**12f. Fax No.**  
(550) 627-9039

**12g. E-Mail Address**  
michelekennedy@teamsterslocal517.com

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

**13a. Name and Title** David A. Rosenfeld, Attorney

**13b. Address (street and number, city, state, and ZIP code)**  
Wenberg, Roger & Rosenfeld, 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501

**13c. Tel No.**  
(510) 337-1001

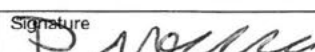
**13d. Cell No.**

**13e. Fax No.**  
(510) 337-1023

**13f. E-Mail Address**  
drosenfeld@unioncounsel.net, nlrnotices@unioncounsel.net

**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**

**Name (Print)**  
David A. Rosenfeld

**Signature**  


**Title**  
Attorney

**Date**  
November 14, 2019

**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

(b) (6), (b) (7)(C)



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

32-RC-252553

Date Filed

11/27/2019

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer  
Cushman & Wakefield U.S., Inc

2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code)  
5928-6000-6110 Stoneridge Mall Rd, Pleasanton CA 94588

3a. Employer Representative - Name and Title  
Stephanie Grey

3b. Address (if same as 2b - state same)  
7700 Forsyth Blvd, 9th floor, St. Louis, MO 63105

3c. Tel. No.  
(415) 722-1529

3d. Cell No.

3e. Fax No.

3f. E-Mail Address

Stephanie.Grey@cushwake.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)  
Office Buildings

4b. Principal product or service  
Maintenance Repair Preventative Maintenance & Service

5a. City and State where unit is located:  
Pleasanton, California

5b. Description of Unit involved

Included: Senior Building Engineer, Building Engineer, Maintenance Technician

Excluded: Office/Clerical, Security Guards, Janitorial Workers, Housekeepers, Culinary

6a. No. of Employees in Unit:  
4

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 10/1/2019 and Employer declined recognition on or about (Date) (if no reply received, so state).

☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state).  
None

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

10. Organizations or individuals other than Petitioner and those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in Item 5b above. (If none, so state) None

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s): 12/30/19

11c. Election Time(s): 8:30 a.m.

11d. Election Location(s):  
Employer Conference Room

12a. Full Name of Petitioner (including local name and number)  
International Union of Operating Engineers, Stationary Engineers Local 39 AFL-CIO

12b. Address (street and number, city, state, and ZIP code)  
337 Valencia Street San Francisco CA 94103

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
International Union of Operating Engineers AFL-CIO

12d. Tel No.  
(415) 861-1135

12e. Cell No.  
(415) 418-0317

12f. Fax No.  
(415) 861-5264

12g. E-Mail Address  
smortensen@local39.org

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title  
Shane Mortensen, District Representative

13b. Address (street and number, city, state, and ZIP code)

13c. Tel No.  
(415) 861-1135


13d. Cell No.  
(415) 418-0317

13e. Fax No.  
(415) 861-5264

13f. E-Mail Address  
smortensen@local39.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)  
Shane Mortensen

Signature  


Title  
District Representative

Date  
11/22/19

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

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UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

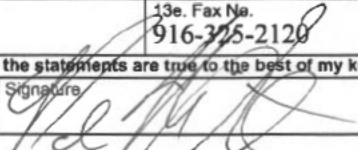
32-RC-252602

Date Filed

11/27/2019

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov/](http://www.nlr.gov/), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer:</b> Calaveras Transit Mix and Tuolumne Transit Mix, Divisions of George Reed		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 270 George Reed Dr., San Andreas, CA 95249 6000 Byrnes Ferry, Jamestown, CA 95327	
<b>3a. Employer Representative - Name and Title:</b> Ed Berlier, Vice President-General Manager		<b>3b. Address (if same as 2b - state same):</b> P.O. Box 4760, Modesto, CA 95352	
<b>3c. Tel. No.</b> 209-523-0734	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> 209-523-4313	<b>3f. E-Mail Address</b> ed.berlier@georgereed.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Ready-Mix		<b>4b. Principal Product or Service</b> Ready-Mix	
<b>5a. City and State where unit is located:</b> San Andreas, CA and Jamestown, CA		<b>5b. Description of Unit Involved:</b> <b>Included:</b> Transit Mix Drivers, Bunkerman Power Loaders, Operator Mechanics and Batchmen <b>Excluded:</b> all managers, supervisors, and guards as defined by the Act.	
<b>6a. Number of Employees in Unit:</b> 9		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____. (If no reply received, so state). <input checked="" type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state)</b> Teamsters Local 439		<b>8b. Address:</b> 1531 East Fremont St. Stockton, CA 95205	
<b>8c. Tel. No.</b> 209-948-9592	<b>8d. Cell No.</b>	<b>8e. Fax No.</b> 209-948-3424	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b> International Brotherhood of Teamsters		<b>8h. Date of Recognition or Certification</b> 01/01/2020	
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> <u>No</u> If so, approximately how many employees are participating? _____, has picketed the Employer since (Month, Day, Year) _____.			
<b>10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (if none, so state)</b>			
<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election:		<b>11a. Election Type:</b> <input type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>11b. Election Date(s):</b>	<b>11c. Election Time(s):</b>	<b>11d. Election Location(s):</b>	
<b>12a. Full Name of Petitioner (including local name and number):</b> Teamsters Local 439		<b>12b. Address (street and number, city, State and ZIP code):</b> 1531 East Fremont St., Stockton, CA 95205	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> International Brotherhood of Teamsters			
<b>12d. Tel. No.</b> 209-948-9592	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> 209-948-3424	<b>12g. E-Mail Address</b>
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Peter McEntee, Attorney		<b>13b. Address (street and number, city, State and ZIP code):</b> 520 Capitol Mall, Suite 300 Sacramento, CA 95814	
<b>13c. Tel. No.</b> 916-325-2100	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 916-325-2120	<b>13f. E-Mail Address</b> pmcentee@beesontayer.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
<b>Name (Print)</b> Peter McEntee	<b>Signature</b> 	<b>Title</b> Attorney	<b>Date</b> 11/27/19

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

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